

2005-2006 APPLICATIONS TO PROVIDE SERVICES TO ASSIST IN THE PREVENTION OF HOMELESSNESS

The City of Greensboro Department of Housing and Community Development requests applications through the Greensboro Homeless Prevention Coalition for services to assist homeless persons, persons at risk of homelessness, and persons with other special needs. Applicants must meet application criteria established by the Homeless Prevention Coalition. Subject to the availability of funds, approximately \$600,000 will be available to help address non-construction service needs in this priority area. At least \$30,000 of this amount must be designated to provide 4 tenant-based rental assistance vouchers that must be HOME Program compliant.

Evaluation Process

Applications will be processed through the *Greensboro Homeless Prevention Coalition*. This group is charged with working collaboratively to develop a funding plan for funds awarded by the City of Greensboro. The Community Resource Board will review recommendations forwarded by the Coalition as a starting point for making funding recommendations to City Council. Only organizations that are active members in good standing of the Greensboro Homeless Prevention Coalition, as determined by the Coalition, may apply through this funding process. If you have questions contact Gail Haworth, Chair of the Greensboro Homeless Prevention Coalition at 275-8585, or gailhaworth@aol.com

Submittal Procedures

Application Deadline

The firm "In-Hand" deadline for receipt of completed application forms and all required attachments is **4:00 PM on THURSDAY, APRIL 21, 2005**. Hand delivered application packages must be submitted to Linda Kirkman, Receptionist, Housing and Community Development Dept., 3rd Floor, Room 315, Melvin Municipal Office Building, 300 W. Washington St. Mailed application packages must be addressed to Linda Kirkman, PO Box 3136 Greensboro, NC 27402-3136, post marked not later than April 14, 2005. **The City will not consider mailed or hand delivered applications that arrive after the application deadline.**

Submittal Instructions

Applications should be placed in a manila envelope with the words "2005 Application for Homeless Prevention Services" written on the outside of the envelope.

Required Attachments

Applications **will not** be considered without the following required attachments:

1. IRS letter certifying the organization's tax-exempt status
(Non-Profit Organizations).
2. **Current listing of Board of Directors**, including names, addresses, phone numbers and beginning and ending dates of term
(Non Profit Organizations).
3. Organization's most recent **Audit and Audit Management Letter**. Applicants who have not had an audit performed must attach a letter explaining why. These applicants must also attach the most current financial information available (financial statement, etc.). **Refer to attached Exhibit A, "Housing And Community Development Department (HCD) Policy For Awarding Funds And For Monitoring Agencies Receiving City Funds" for specific requirements regarding the submission of audits and audit management letters.**
4. Verification that the Audit and Audit Management Letter submitted have been reviewed and approved by the organization's Board of Directors. One of the following pieces of information must be submitted as evidence that the Audit and Management letter or other current financial information have been reviewed and approved by the organization's Board of Directors. **(Non-Profit Organizations)**. Either of the following pieces of information is acceptable as verification:
 - A copy of the minutes of the Board meeting at which the most recent Audit and Audit Management Letter or other recent financial information were reviewed and approved by the organization's Board of Directors, ***or***
 - A letter signed by your Board Chair, stating that the most recent Audit and Audit Management Letter or other current financial information have been reviewed and approved by the organization's Board of Directors.
5. Applicants who have not previously received City funding *must* submit a typed 1-page summary describing your purpose, history of service to the Greensboro community, and recent and ongoing projects.

Public Hearings

The Community Resource Board will conduct a Public Hearing on the Annual Plan on Thursday, March 31, 2005 at 6:00 PM in the City Council Chambers, 2nd Floor, Melvin Municipal Office Building, 300 W. Washington Street. Persons who plan to apply for funding through the Greensboro Homeless Prevention Coalition process are welcome to speak about their funding requests or about any other element of the Annual Plan.

The Greensboro **City Council will conduct a Public Hearing to consider all Annual Plan funding recommendations, including funding recommended for homelessness prevention, on Tuesday, May 3, 2005 at 6:00 PM** in the City Council Chambers of the Melvin Municipal Office Building, 300 W. Washington Street. Unless announced otherwise, parking will be available at no charge for both public hearings. Parking is available in the surface lot adjacent to the municipal building at the corner of Washington and Eugene Streets.

Further Information

For further information contact Gwen Torain 373-2993 (voice) 333-6930 (TDD)

APPLICATION TO PROVIDE HOMELESS PREVENTION SERVICES AND SERVICES TO ASSIST PERSONS WITH OTHER SPECIAL NEEDS

Applicant/Agency: _____

Contact Person: _____

Phone Number: _____

Fax: _____

E-Mail Address: _____

Mailing Address: _____

Funds Being Requested For (check applicable box).

If requesting funds for more than one type of activity, use a separate application form for each activity. Budgets should reflect a July 1, 2005 to June 30, 2006 year.

☐ Shelter Operations

☐ Emergency Assistance

☐ Rental Vouchers

☐ Housing Information and Referral Services

☐ Other Housing Related Activities (describe activity): _____

Name of Activity to be Funded (Program Name): _____

Number of Clients to be assisted by this Activity: _____

Amount of City Funding Requested for this Activity: \$ _____

(should equal City funds on Activity Budget)

Non-City Funds Committed to Proposed Activity: \$ _____ (should

equal funds marked as committed on Question 4)

Total Activity Budget: \$ _____ (should equal total on Activity Budget)

Total Agency Budget: \$ _____

The Agency's Fiscal Year Ends _____

Geographic area to be served by proposed activity or physical location where services will be provided:

USE ONLY THE SPACE PROVIDED ON THIS FORM TO COMPLETE THE QUESTIONS THAT FOLLOW. DO NOT ATTACH ADDITIONAL PAGES OR INCLUDE ANY ADDITIONAL INFORMATION.

1. In the space provided, state *clearly* and *concisely* **what** you are proposing, **why** it is needed, and **how** you will do it.

2. What ***two primary benefits*** will be realized should the proposed activity be funded? ***Present measurable outcomes*** that will result from your providing the proposed service. For example, an expected outcome or benefit of a residential treatment program might be stated as follows: "Through comparison of a pre-assessment upon entry, and a post-assessment 30 days after leaving our residential treatment program, 65% of our clients will remain free of addictive substances."

3. **Evaluation Measures:** In the space below describe how you will evaluate your proposed activity to determine how effectively and efficiently you delivered the benefits described in #2.

4. What ***other sources of funds*** will be used to carry out this activity? Higher consideration will be given to proposed activities that have commitments of other funding in addition to the City funds being requested.

Source: _____ Amount: \$ _____ Committed? ☐ Yes ☐ No

Source: _____ Amount: \$ _____ Committed? ☐ Yes ☐ No

Source: _____ Amount: \$ _____ Committed? ☐ Yes ☐ No

Source: _____ Amount: \$ _____ Committed? ☐ Yes ☐ No

5. Describe how you will collaborate with other local agencies or private partners to carry out your proposed activity.

ONLY THOSE APPLICANTS HAVING RECEIVED PREVIOUS CITY GRANTS OR IN-KIND CONTRIBUTIONS SHOULD COMPLETE THIS SECTION.

6. List the three (3) most recent *grants or in-kind contributions received from the City of Greensboro: *(include donated land value, donated office space value, and the actual dollar amounts of granted funds)

Grant #1: Funding Year: _____ Activity: _____ \$ _____

Grant #2: Funding Year: _____ Activity: _____ \$ _____

Grant #3: Funding Year: _____ Activity: _____ \$ _____

7. If you received City grants/contributions during the CRB's *last* funding cycle (FY 2004-05), please complete the following:

Activity #1: _____

Amount Awarded: \$ _____

Amount expended as of 2/15/05: \$ _____

Activity #2: _____

Amount Awarded: \$ _____

Amount expended as of 2/15/05: \$ _____

Activity #3: _____

Amount Awarded: \$ _____

Amount expended as of 2/15/05: \$: _____

Activity Budget Sheet

Applicant: _____

Proposed Activity (Program Name): _____

In the chart below, provide a line item budget for *all* funds expected to be used to carry out the proposed activity. You should list each specific budget item. The budget should agree with the amounts listed on page 1 of this form.

This budget page *must be completed*. Do not substitute another budget sheet for this sheet. However, if you are applying the City funding to multiple line items, you may summarize on this sheet and attach a detailed sheet for explanation.

Activity Budget Line Items	Budget Amount
City Funds Requested: (List line item activity and amount requested to fund each activity)	
Total City Funds	\$
Other Funds to Be Committed: (List funding sources and line item activity)	
Total Other Funds	\$
Total Activity Budget	\$

Allowable Budget Items for City Funded Requests:

****If you have a budget item that you are unsure about, please contact Gwen Torain at 373-2993 (voice) 333-6930 (TDD).**

Shelter Operations -

Funds are to be used to support the operational costs of an emergency or transitional shelter program. Operational costs may include: salaries, taxes/benefits, utilities, insurance, client benefits (in-house housing costs, meals, case management, medical services), and maintenance repairs. No capital equipment or capital repairs are allowable.

Emergency Assistance -

Funds are to be used for the provision of direct emergency assistance to clients in the areas of: past due rents and utilities, rental and utility deposits, payments to prevent foreclosure for eligible residents.

Grantee may use emergency assistance funds to establish or maintain client residency in Grantee's or other transitional housing program when lack of funds is a barrier to a client's access to needed transitional housing services.

Grantee shall provide the services under this Agreement only to the residents of the City of Greensboro.

No administrative expenses may be paid with the City funds.

Rental Vouchers –

Funds are to be used for rental support. Case management should meet the requirements defined by the City and the Homeless Prevention Group.

Grantees will receive a voucher allotment; the Greensboro Housing Authority will administer program funds.

Housing Information and Referral Services –

Funds are to be used for operational support or program support for housing information and referral services. Operational costs may include: salaries, taxes/benefits, training/conferences, office supplies, telephone, office rent/parking.

Other –

Housing related activities which do not qualify under one of the options listed above should contact the Department of Housing and Community Development to determine allowable expenses.